

*Original & Best
Original Specified*
**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	✓					
TOTAL DEP.		✓	✓	✓	✓	✓
TOTAL CLAIMS	✓	✓	✓	✓	✓	✓

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